



Buy Out Bond to Buy Out Bond Transfer

Additional Information from Transferring Life Office

Return To:

Pensions New Business
Irish Life Assurance plc
Lower Abbey Street
Dublin 1

Client Name

Client Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Irish Life Reference Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer Name		
Name of original pension scheme		
Normal Retirement Age		
Total value of assets being transferred	€	
Value representing		
(a) Employer Contributions	€	
(b) Employee Contributions	€	
(c) AVCs	€	
Name and address of insurance company holding the assets:		
Date of Joining Service in original scheme		
Date of Leaving Service in original scheme		
Was member a 20% Director	Yes <input type="radio"/> No <input type="radio"/>	
Was member a 5% Director	Yes <input type="radio"/> No <input type="radio"/>	
Final Salary Details		
(For 20% Directors please provide remuneration details for at least 3 consecutive years ending not earlier than 10 years before the date of leaving service)		
Retirement Lump Sum Benefit Entitlement at retirement if value had remained in the transferring contract?	€	

Can a retirement lump sum be paid from these funds?	Yes <input type="radio"/>	No <input type="radio"/>
Was the original scheme Defined Benefit or Defined Contribution?	DB <input type="radio"/>	DC <input type="radio"/>
If Defined Benefit, is a spouse's / civil partner's pension to be provided?	Yes <input type="radio"/>	No <input type="radio"/>
Revenue Reference Number of original scheme		
Pensions Authority Number of original scheme		
Has a Pension Adjustment Order (PAO) granting part of the benefits to the member's spouse been made on the benefits under the existing pension arrangement, or on any pension arrangement from which the transferring arrangement received a transfer? or	Yes <input type="radio"/>	No <input type="radio"/>
Does this transfer represent a non-member spouse's designated benefit granted under a PAO?	Yes <input type="radio"/>	No <input type="radio"/>
If yes to either question a court certified copy of the PAO is needed and we require the additional information below.		

Did any of the transfer value paid by the trustees of the purchasing scheme relate to service with a previous employer?	Yes <input type="radio"/>	No <input type="radio"/>
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If Yes, please provide the following details from the previous employment:

Name of Employer	
Name of Scheme	
Date of Joining Service	
Date of Leaving Service	
Final Salary Details	

Pension Adjustment Order Questions

A court certified copy of the Pension Adjustment Order is needed in all cases

Where transfer contains member's benefit only

<u>Non-member spouse's details</u> <ul style="list-style-type: none"> Name: _____ Address: _____ _____ PPSN (if known): _____

Where was non-member spouse's benefit transferred to?

- Type of arrangement: _____
- Name and address of provider _____

- Trustee / employer (if applicable): _____
- Policy number: _____
- Amount transferred: € _____
- Date transferred: ____ / ____ / ____

If you never held the non-member spouse's benefit and cannot answer the questions above then we'll need the following details about the office that originally held the benefits

- Type of arrangement: _____
- Name and address of provider _____

- Trustee / employer (if applicable): _____
- Policy number (if known): _____

Where transfer contains the non-member spouse's benefit only

Member spouse's date of birth	/ /
Does the transfer contain pension funds which do not form part of the amount granted under the PAO?	Yes <input type="radio"/> No <input type="radio"/>
If Yes: How much of the transfer represents the amount granted under the PAO?	€

Where the transfer contains both the member's and non-member spouse's benefit, Irish Life will require these be split as part of any transfer being accepted.

I confirm the answers to all questions in this form are complete and correct.

Name

Signature

Insurance Company

Date / /



Irish Life